



CITY OF ALEXANDRIA, VIRGINIA
Residential Rental Inspection Application
DEPARTMENT OF CODE ADMINISTRATION

301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
703.746.4200 (PHONE) 703.838.3880 (FAX)

PERMIT NUMBER: _____

www.alexandriava.gov/code (web) permit.center@alexandriava.gov (e-mail)

***Please visit our Online Permit Center at <https://permits.alexandriava.gov>*

NAME OF COMPLEX- (if Applicable): _____

Address(es) of Building(s) and Number of Bedrooms: (continue list on an additional application if needed)

Address	Efficiency	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm

Please provide the owner's information as you would like it displayed on the permit.

Owner's Name: _____ Trading As: _____

Mailing Address: _____

Home Phone: _____ Day/ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Fax: _____

Owner's Agent/ Property Manager Information (if different from owner) Check Box if Same as Owner ☐

Name: _____ Day/Work Phone: _____ Cell: _____

Address: _____ Fax: _____

E-mail: _____ Preferred Method of contact: ☐ Phone ☐ Fax ☐ E-mail

24-hour Emergency Contact Persons- please list in contact order

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

For Multi-Family (R-2) Structures- does each building have a Fire Suppression System- No ☐ Yes ☐ Fire Alarm System- No ☐ Yes ☐

Standpipe- No ☐ Yes ☐ Elevator- No ☐ Yes ☐ - Number _____ Emergency Generator- No ☐ Yes ☐ - Number _____

Underground Storage Tanks- No ☐ Yes ☐ - Number _____ Current Boiler Inspection- No ☐ Yes ☐ Current FPPs- No ☐ Yes ☐

Approvals: (To Be Completed By Staff)

Date Received _____ **Attachments** No ☐ Yes ☐

Inspection Date: _____ **Date Entered Program:** _____

Fee Total: \$ _____ **Date Paid:** _____